Form Approved OMB No. 2040-0004

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

**ANCHORAGE** 

AK 99503-3898

DISCHARGE MONITORING REPORT (DMR) 001 A AK0022551 PERMIT NUMBER

DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY:

ADDRESS:

NAME:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502

MONITORING PERIOD 05 | 09 | 01 05 | 09 | 30 FROM TO

\*\*\* NO DISCHARGE NOTE: Read instructions before completing this form.

	'						CHARGE		nalotina thic	e form	
	L. GEN WIGH	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			idelions bei		FREQUENCY	T
PARAMETER		<del></del>			1			NO.	OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	5^	ANALYSIS	1175
TEMPERATURE, WATER	SAMPLE	****	****	***	*****	****	17.0	(04)	N/A	FOUR/	GRAB
DEG. CENTIGRADE	MEASUREMENT							(04)		WEEK	CIVID
00010 G 0 0	PERMIT REQUIREMENT	****	***	***	大宗大大大大	******	REPORT			FOUR/	GRAB
RAW SEW/INFLUENT	SAMPLE			****			MAXIMUM	DEG.C		WEEK	
TEMPERATURE, WATER DEG. CENTIGRADE	MEASUREMENT	*****	*****	****	*****	*****	16.1	(04)	N/A	FOUR/ WEEK	GRAB
00010 1 0 0	PERMIT		35 70				REPORT	}		FOUR/	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	******		E 7******	******	MAXIMUM	DEG.C		WEEK	GRAB
OXYGEN, DISSOLVED	SAMPLE	****	11.00	****	0.8	****	****		N 1 4 A	FOUR/	0545
(DO)	MEASUREMENT	*****	<b>∏*//*** ост</b>	1 4 2005	0,8	*****	*****	(19)	N/A	WEEK	GRAB
00300 1 0 0	PERMIT			7000		<b>大大大大大</b>	*****	1		FQUR/	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	*****	######	****	MOMIN			MG/L		WEEK	
BOD, 5-DAY	SAMPLE MEASUREMENT	50354	LOFFICE OF COMPLIA	YCE <b>(26)</b> ENFO	*****	195	*****	(19)	N/A	FOUR/	COMP24
(20 DEG. C)	PERMIT	REPORT			CEMENT		4444444444444	``-'	350000000	WEEK	
00310 G 0 0	REQUIREMENT	MOAVG	*******	LBS/DY	沙女士法女女	REPORT	<b>#####</b>	MG/L		FOUR/	COMP
RAW SEW/INFLUENT BOD, 5-DAY	SAMPLE			LD9/D1		MO AVG		IVIG/L		WEEK FOUR/	24
(20 DEG. C)	MEASUREMENT	*****	40266	(26)	*****	*****	153	(19)	0	WEEK	COMP24
00310 W 0 0	PERMIT		90100			****	300			FOUR/	COMP
EFFLUENT GROSS VALUE	REQUIREMENT	rakrakrakrakrakrak	DAILY MX	LBS/DY	<b>埃埃茨埃埃</b> 埃		DAILY MX	MG/L		WEEK	24
BOD, 5-DAY	SAMPLE	25405	37223	(26)	ne ne ne ne ne	136	149	(19)	n	FOUR/	COMP24
(20 DEG. C)	MEASUREMENT	35195		(26)				(19)		WEEK	
00310 1 0 0	PERMIT	72100	75100			240	250			FOUR/	COMP
EFFLUENT GROSS VALUE	REQUIREMENT	MOAVG	WKLY AVG	LBS/DY	*****	MO AVG	WKLY AVG	MG/L		WEEK	24
PH	SAMPLE MEASUREMENT	*****	*****	***	7.1	*****	7.8	(12)	N/A	FOUR/	GRAB
00400 G 0 0	PERMIT				 		REPORT			WEEK FOUR/	
RAW SEW/INFLUENT	REQUIREMENT	*****	*****	****	MINIMUM	**************************************	MAXIMUM	su		WEEK	GRAB
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT 1 HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH						[HERMITAN PARTIES			TE		
THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS											
INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT								0.5/4.5/4.5			
	USONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to						(907)564-2799		05/10/10		
TYPED OR PRINTED    \$10,000 and or maximum imprisonment of between 6 months and 5 years.)   OFFICER OR AUTHORIZED AGENT   COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							AREA CODE NUMBER YEAR MO DAY WindowChem(707)864-0845;p/n11090;v5.01;4/1/98. Rev. 1/				
TOOMINEM I AND EXPLANATION OF A	MAT AICHAIICNA	(rtererence all aπachmi	ены пеге)		/					,, 0 -	,

The influent and effluent composite samples for BOD & TSS were time composites through September 28, rather than flow proportional composites. Letter of explanation attached.

POS 10/25/05.

PAGE 1 OF 3

PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

NAME: ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

ANCHORAGE

AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 001 A PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY:

ADDRESS:

JOHN M. ASPI UND WWTF----301 (H)

LOCATION: ANCHORAGE AK 99502

MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD 05 | 09 | 01 05 | 09 | 30 TO FROM

\*\*\* NO DISCHARGE

NOTE: Read instructions before completing this form. ATTN: FREQUENCY QUANTITY OR LOADING QUANTITY OR CONCENTRATION NO PARAMETER SAMPLE FΧ TYPE ANALYSIS LINIT AVERAGE MAXIMUM LINITS MINIMEIM **AVERAGE** MAXIMUM FOUR/ SAMPLE ----6.9 GRAB lрн -7.3 (12)MEASUREMENT **WEEK** 65 PERMIT ρF FOUR 00400 1 0 0 \*\*\*\*\* GRAB REQUIREMENT ++++ MINIMUM SIL WEFK MAXIMUM EFFLUENT GROSS VALUE SAMPLE FOUR/ SOLIDS, TOTAL المراجعة والمراجعة -----N/A COMP24 56416 217 (19)(26)MEASUREMENT WEEK SUSPENDED REPORT FOUR/ PERMIT REPORT 100530 G 0 0 COMP24 REQUIREMENT WEEK \*\*\*\* \*\*\*\*\* MO AVG LBS/DAY MO AVG MG/L RAW SEW/INFLUENT FOUR/ SOLIDS TOTAL SAMPLE \*\*\*\*\* -78 COMP24 19183 (26)(19)MEASUREMENT **WEEK** SUSPENDED 100530 W 0 0 PERMIT 57000 190 FOUR/ \*\*\*\* COMP24 REQUIREMENT DAILY MX MG/L WFFK LBS/DAY DAILY MX FEELUENT GROSS VALUE SAMPLE FOUR/ SOLIDS, TOTAL 16403 65 (19)COMP24 14881 (26)57 MEASUREMENT **WEEK** SUSPENDED l00530 1 0 0 PERMIT 51000 54000 170 180 FOUR! \*\*\*\*\* COMP24 REQUIREMENT WEEK MO AVG WKLY AVG EFFLUENT GROSS VALUE LBS/DAY MO AVG WKIY AVG MG/L ONCE/ NITROGEN. AMMONIA SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* COMP24 \*\*\*\*\* N/A 18.5 (19)MEASUREMENT MONTH TOTAL (AS N) REPORT 00610 1 0 0 PERMIT ONCE/ \*\*\*\*\* \*\*\*\*\* N/Α COMP24 REQUIREMENT fano da de si de \*\*\* MG/L MONTH EFFLUENT GROSS VALUE MO AVG THREE FECAL COLIFORM, MPN. SAMPLE desired about the \*\*\* -1--1--1--1--1 484 ------**GRAB** (30)MEASUREMENT EC MED. 44.5C WEEK PERMIT 850 THREE 31615 1 0 0 MPN/ GRAR REQUIREMENT EFFLUENT GROSS VALUE MO GEO 100ML WFFK CONTIN FLOW IN CONDUIT OR SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* 31.601 N/A **RCORDR** MEASUREMENT <u>uou</u>s 2) THRU TREATMENT PLANT PERMIT CONTIN 50050 1 0 0 RCORDR REQUIREMENT MO AVG UOUS EFFLUENT GROSS VALUE TELEPHONE I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONNILLY GRADONED AND COMPANY INFORTEMENT DATE THE INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THE J. Kris Warren IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND SIGNATURE OF PRINCIPAL EXECUTIVE Manager, Treatment Division 05/10/10 (907)564-2799 IMPRISONMENT. SEE 18 U.S.C. \$1001 AND 33 U.S.C. \$1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.) OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED YEAR MO DAY AREA CODE NUMBER Forms by WindowChern(707)864-0845;p/n11090;v5.01;4/1/96, Rev. 1/05, BN

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1) Two samples during September 2005 exceeded 2600 FC MPN/100 mL, which exceeds the 10% limit. Letter of explanation attached. 2) Flow was not continuously monitored - daily averages were estimated by averaging readings done every three hours. Letter of explanation attached

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3000 ARCTIC BLVD. ANCHORAGE

AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) `F - FINAL

FACILITY:

ATTN:

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JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502

MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD 05 | 09 | 01 05 | 09 | 30 FROM TO

\*\*\* NO DISCHARGE

NOTE: Read instructions before completing this form

AT IN. IVIAR PREIVIO P.E. GEN IVIGR. AVVVVO NOTE: Read instructions before completing this form.											
PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	****	*****	****	vic vic vic vic vic vic	nie nie nienie nie nie	0.8	(19)	0	EVERY 3 HRS	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	der der die rein der	****	****	*****	<b>分外大大</b> 分大	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	****	*****	****	30	*****	akt ale alerakt ale	(23)	N/A	ONCE/ MONTH	CALCTD
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	<b>法安</b> 安安安安	***	REPORT MO AVG	*****	one descriptions des	PER- CENT	N/A	ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	74	*****	<del>vie vie vie vie vie</del>	(23)	N/A	ONCE/ MONTH	CALCTD
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT		*****	****	REPORT MO AVG	****	4 4 4 4 4 4	PER- CENT	N/A	ONCE/ MONTH	CALCTD
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS							TELEPH	ONE	DA	TE	
J. Kris Warren  THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS  IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED											

Manager, Treatment Division TYPED OR PRINTED

INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT, PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 menths and 5 years.)

OFFICER OR AUTHORIZED AGEN

05/10/10 YEAR MO DAY 090;v5.01;4/1/96. Rev. 1/05, BN

OCT 1 4 2005

OFFICE OF COMPLIANCE AND ENFORCEMENT

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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Whole Effluent Toxicity Test Report attached.